TRAVEL REIMBURSEMENT FORM

Claiming as: () ITC Request () Match Total to be reimbursed: \$ Destination: Purpose:													
Person #1						Person	#2						
Name:						Name:							
Address:						Address:							
City:Zip:						City: Zip:							
			()a.m.						()a.m. ()p.m.				
			()a.m.					()a.m. ()p.m.					
Departure date from home:						Departure date from home:							
						Arrival	Arrival date to home:						
I. Transportation							Person 1		Person 2		 Total		
Air (attach passenger coupon)									. 0.00.	-			
Rental Car (attach rental invoice)													
Gas for rental car (attach receipts) Taxi/Bus/Tip (attach receipt over \$5.00)													
Parking (a													
			\$.445 per mi	le)									
					Miles:								
Date:	From	:	To: To:		Miles: _								
II Dor Dio	m (includ	doc tino)						Date	Person 1	Porco	n 2	Total	
II. Per Diem (includes tips)								Date	Person i	reiso	111 2	TOLAI	
Travel reim	burseme	nt will be	made per sta	ate guidelin	es. Trav	eler gets	s \$30/day						
in-state and	d \$39/day	out-of-st	tate, but will a	allow the hi	gher fed	leral allo	wance in						
			RS publicatio nd FAM trips,										
			m. to be reim										
			n. for dinner.										
to claim breakfast, after 2:00 p.m. to claim lunch and after 7:00 p.m. to claim dinner. * Meals included in registration will be deducted.						. to claim							
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In-State - \$30 per day			Out of State Base \$30 per day			IRS \$	Rate per day						
					-								
Breakfast	\$ 7.50 \$10.50	25% 35%	Breakfast Lunch	\$ 9.75 \$13.65	25% 35%	\$							
Lunch						\$							

III. Hotel						
List total amount to be reimbursed and provide complete copy of hotel invoice. (Room Charges and taxes only).						
IV. Phone Calls						
oject. Attach receipt						
Items Purchased	Person 1	Person 2	Total			
TOTAL TO BE REIMBURSED						
Person 2 Comments:						
the correct and value ldaho Regiona	I hereby certify that the travel listed in this voucher is correct and was performed in accordance with the Idaho Regional Travel and Convention Grant Program and the grant contract as awarded. Date: Signature:					
	Person 2 Comments: I hereby certicate correct and idaho Regional	pject. Attach receipt Items Purchased Person 1 Person 2 Comments: I hereby certify that the travel correct and was performed and lidaho Regional Travel and Correct and Cor	pipete copy Diject. Attach receipt Items Purchased Person 1 Person 2 \$ \$ \$ Person 2 Comments: I hereby certify that the travel listed in thick correct and was performed in accordar Idaho Regional Travel and Convention Gr			